

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 889540	RECEIPT DATE:	07 / 18 / 01
IA NUMBER:	PCT/ US00 / 01021	IA FILING DATE:	01 / 14 / 00
FAMILY NAME:	ANDERSON	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	STEVEN E	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	01 / 22 / 99
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	GIC-564	COUNTRY:	,
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 2034590200
			FAX

NAME: BARRY R LIPSITZ
LAW OFFICES OF BARRY R LIPSITZ
STREET: 755 MAIN STREET BUILDING NO.8

CITY: MONROE
STATE/COUNTRY: CT ZIP: 06468
EMAIL:
APPLICATION TITLES:

DETECTION OF DUPLICATE PARTICIPANTS IN A TWO -WAY MODEM ENVIROMENT

TAB TO LAST POSITION,PUSH SEND



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 5344

SERIAL NUMBER 09/889,540	FILING DATE 07/18/2001 RULE	CLASS 370	GROUP ART UNIT 2661	ATTORNEY DOCKET NO. GIC-564
APPLICANTS Steven E. Anderson, La Jolla, CA;				
** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/US00/01021 01/14/2000 WHICH CLAIMS BENEFIT OF 60/116,731 01/22/1999				
** FOREIGN APPLICATIONS *****				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 25
				INDEPENDENT CLAIMS 3
ADDRESS Barry R Lipsitz Building 8 755 Main Street Monroe ,CT 06468				
TITLE Detection of duplicate participants in a two-way modern enviroment				
FILING FEE RECEIVED 780	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	